

STATEMENT OF ECONOMIC INTERESTS

Date Received
Official Use Only

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FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE

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11 APR -6 PM 3:11

11 MAR 24 PM 3:38

Please type or print in Ink.

NAME OF FILER (LAST) (FIRST)
BOWMAN JIM
CITY OF ONTARIO
CITY CLERK/RECORDS

1. Office, Agency, or Court

Agency Name

City of Ontario

Division, Board, Department, District, if applicable

Your Position

City Council

Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge (Statewide Jurisdiction)
☐ Multi-County _____ ☐ County of _____
☒ City of Ontario ☐ Other _____

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2010, through December 31, 2010.
-or-
The period covered is ____/____/____, through December 31, 2010.
☐ Assuming Office: Date ____/____/____
☐ Leaving Office: Date Left ____/____/____
(Check one)
☐ The period covered is January 1, 2010, through the date of leaving office.
☐ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

- ☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☒ Schedule D - Income - Gifts - schedule attached
☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

3-24-2011
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Jim W. Bowman

► NAME OF SOURCE

Ontario Fire Management Association

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 27 / 10	\$ 55.00	Gift Basket
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Oliver McMillan

ADDRESS (Business Address Acceptable)

733 8th Avenue, San Diego, Ca 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 23 / 10	\$ 75.00	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Related Companies of California

ADDRESS (Business Address Acceptable)

18201 Von Karman Ave., Suite 900, Irvine, CA 92612

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 28 / 10	\$ 97.50	Commemorative Clock
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ECHL Properties, LLC

ADDRESS (Business Address Acceptable)

116 Village Blvd., Suite 230, Princeton, NJ 08540

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Minor League Hockey League

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 18 / 10	\$ 148.00	All Star Game Gift Bag
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Panattoni Development Corporation

ADDRESS (Business Address Acceptable)

34 Tesla, Suite 200, Irvine, CA 92618

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Developer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 24 / 10	\$ 75.00	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments:

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Jim W. Bowman

- Reminder – you must mark the gift or income box.
- You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

<p>▶ NAME OF SOURCE Metropolitan Water District of Southern California ADDRESS (Business Address Acceptable) 700 N. Alameda CITY AND STATE Los Angeles, CA 90012 BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) consortium of water districts DATE(S): 4 / 23 / 10 - 4 / 24 / 10 AMT: \$ 1,019.42 (If applicable) TYPE OF PAYMENT: (must check one) <input checked="" type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: Inspection Trip of the State Water Project and the Sacramento-San Joaquin Delta.</p>	<p>▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable) TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____</p>
<p>▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable) TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____</p>	<p>▶ NAME OF SOURCE ADDRESS (Business Address Acceptable) CITY AND STATE BUSINESS ACTIVITY, IF ANY, OF SOURCE <input type="checkbox"/> 501 (c)(3) DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____ (If applicable) TYPE OF PAYMENT: (must check one) <input type="checkbox"/> Gift <input type="checkbox"/> Income DESCRIPTION: _____</p>

Comments: _____